

Cytoreductive Surgery and Intraperitoneal Chemotherapy for Peritoneal Carcinomatosis

Czerny performed the first abdominoperineal resection in 1884, but it was not until 1908, when Miles reported the use of abdominoperineal resection with the correct identification of the draining of lymph nodes within the mesorectum, that it became an effective anti-cancer procedure. Miles' first report, in which a 41.6% mortality rate was noted, somewhat diminished the enthusiasm for this technique. Dixon reported the technical features of a low anterior resection in 1939, but despite the obvious advantages in preserving the rectum, it was a technically demanding operation. Widespread application for tumors of the mid rectum did not occur until technical advances in surgical stapling allowed the low anterior resection to be performed more reliably.

Neoadjuvant therapy for colorectal carcinoma, including the use of radiotherapy, was reported in the 1950s. Despite the variety of applications of preoperative and postoperative radiotherapy and chemotherapy, it was not until the late 1980s and early 1990s that a clear survival benefit was appreciated in multimodality therapy. Similar advances continue to be reported in cytoreductive therapy for metastatic disease of the colorectum. It generally is accepted that the resection of hepatic metastases yields an increase in survival, although this approach was widely debated for a time.

In an analogous manner, Sugarbaker and Jablonski¹ report their technique and results after cytoreductive surgery and intraperitoneal chemotherapy for localized carcinomatosis from adenocarcinomas of the appendix and colorectum. They report the prognostic features of patients with peritoneal carcinomatosis and illustrate the features critical to evaluate before embarking on this approach. This report demonstrates a thoughtful and methodical approach to a difficult clinical problem. They systematically have evaluated factors in patients that lead to improved outcomes. Although it is impossible to predict the impact that this form of therapy has on survival, it represents a positive approach to further evaluation of this form of therapy by well-designed studies to prove its efficacy.

H. Kim Lyerly, M.D.
Durham, North Carolina

Reference

1. Sugarbaker PH, Jablonski KA. Prognostic features of 51 colorectal and 130 appendiceal cancer patients with peritoneal carcinomatosis treated by cytoreductive surgery and intraperitoneal chemotherapy. *Ann Surg* 1995; 221:124-132.